



DEALER COMPLAINT

State Form 53607 (5-08)

SECRETARY OF STATE - DEALER DIVISION

6400 East 30th Street
Indianapolis, Indiana 46219
Telephone: (317) 591-5303
Fax: (317) 591-5319

- INSTRUCTIONS:**
1. Please type or print clearly. This form must be signed and dated.
 2. Please use the second page of this form to describe in detail the events of the transaction or other occurrences that led you to file this complaint. If there is insufficient space, please attach additional pages to complete your explanation.
 3. Please attach copies of any documents that you mention or any other materials that describe or illustrate the product or service.
 4. If the nature of your complaint does not fall under the our jurisdiction, it will be forwarded to the Office of the Attorney General.

COMPLAINANT INFORMATION		
Name of complainant		County of residence
Address of complainant (number and street, city, state, and ZIP code)		
Home telephone number ()	Work telephone number ()	Mobile telephone number ()
RESPONDENT INFORMATION (My complaint is against the following:)		
Name of respondent		
Dealer		
Address (number and street, city, state, and ZIP code)		
Telephone number ()	County of residence	Date of transaction, sale, incident, or service (month, day, year)
Type of business		Type of service / product
Year of vehicle	Make of vehicle	Model of vehicle
Vehicle identification number (VIN)		License plate number

TRANSACTION INFORMATION (If you did not engage in a transaction, please skip ahead to Other Information.)	
Name of sales / contact person	
Briefly describe the nature of your complaint. -----	
OTHER INFORMATION	
Have you filed a complaint with other agencies? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please list.
Have you contacted a private attorney on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, name of attorney
Telephone number ()	
Address of attorney (number and street, city, state, and ZIP code)	
Has a lawsuit been filed against you or on your behalf? <input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATION	
I hereby certify that I have read the information in this complaint, including any additional pages, and that all of the information I have given is accurate and complete to the best of my knowledge and belief. I authorize the Dealer Compliance Unit to use the information in any manner deemed necessary. I further acknowledge that I <input type="checkbox"/> am willing <input type="checkbox"/> am not willing to appear on my behalf at an administrative hearing subsequent to this complaint and the investigation thereof.	
Signature of complainant	Date (month, day, year)

FOR SOS USE ONLY			
Date received (month, day, year)	Assigned to	Response by <input type="checkbox"/> Letter <input type="checkbox"/> Telephone	Date of response (month, day, year)

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